

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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21	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	8	↔				
TOTAL CLAIMS	9	██████████	██████████	██████████		

	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	██████████